
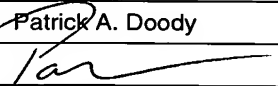


16638 U.S. PTO  
102803PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032

| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL<br>(Only for new nonprovisional applications under 37 CFR 1.53(b))  |   | Attorney Docket No.<br><b>60892.000016</b> |
|--|---|--|
| First Inventor<br><b>Othman A. Hamed et al.</b>  |   |  |
| Title<br><b>CHEMICALLY CROSS-LINKED<br/>CELLULOSIC FIBER AND METHOD OF<br/>MAKING THE SAME</b>   | Express Mail Label No.  |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  |   |  |
| <div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</div> <div>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 56]<br/>(preferred arrangement set forth below)<ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications (if applicable)</li><li>- Statement Regarding Fed sponsored R &amp; D (if applicable)</li><li>- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [7 Total Sheets]</div> <div>5. Oath or Declaration [2 Total Pages]<ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</li></ul></li></ul></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or</li><li>ii. <input type="checkbox"/> paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></div> |   |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |   |  |
| <div>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</div> <div>16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other:</div>   |   |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>10/166,254</u><br>Prior application information: Examiner <u>Marc S. Alvo</u> Group / Art Unit: <u>1731</u><br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |   |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |   |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>21967</u> or <input type="checkbox"/> Correspondence address below  |   |  |
| Name   |   |  |
| Address  |   |  |
| City   | State   |  |
| Country  | Zip Code  |  |
| Telephone  | Fax   |  |
| Name (Print/Type)  | Patrick A. Doody  |  |
| Registration No. (Attorney/Agent)  | 35,022  |  |
| Signature  |  |  |
| Date   | October 28, 2003  |  |

|   |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|---|----------------|-------------------------|-------|---|--------------|--------------------------|------------------|-----------------|----------|--|----|---|----|--|----|---|----|--|----|---|----|---|----|---|----|--|----|---|----|---|----|---|----|--|----|---|----|--|----|--|----|
| <b>FEE TRANSMITTAL</b><br><br><b>MAIL STOP Patent Application</b>   |                | Complete If Known       |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Application No.         |       | New Divisional Patent Application   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Filing Date             |       | October 28, 2003  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | First Named Inventor    |       | Othman A. Hamed et al.  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Examiner Name           |       | 1731  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Group Art Unit          |       | Marc S. Alvo  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Total Amount Of Payment (\$)  |                | \$1,540.00              |       | Attorney Docket No.   |              | 60892.000016             |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| METHOD OF PAYMENT (check one)   |                |                         |       | FEE CALCULATION (continued)   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 50-0206</b> in the name of Hunton & Williams LLP.   |                |                         |       | 3. <b>ADDITIONAL FEES</b>   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |       | <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Fee Description</td> <td style="width: 40%; text-align: right;">Fee Paid</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> _____ Month Extension of Time</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Brief in Support of Appeal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Design Issue Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Plant Issue Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Commissioner</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (Unavoidable)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (Unintentional)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions Related to Provisional Applications</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Submission After Final Rejection</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Recording Each Patent Assignment Per Property</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Request for Reexamination</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) _____</td> <td style="text-align: right;">\$</td> </tr> </table> |              |                          |                  | Fee Description | Fee Paid | <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input type="checkbox"/> _____ Month Extension of Time | \$ | <input type="checkbox"/> Notice of Appeal | \$ | <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | <input type="checkbox"/> Request for Oral Hearing | \$ | <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) | \$ | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petition to Commissioner | \$ | <input type="checkbox"/> Petition to Revive (Unavoidable) | \$ | <input type="checkbox"/> Petition to Revive (Unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recording Each Patent Assignment Per Property | \$ |
| Fee Description   | Fee Paid       |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Surcharge - late filing fee or oath  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> _____ Month Extension of Time  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Notice of Appeal   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Filing Brief in Support of Appeal  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Request for Oral Hearing   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Design Issue Fee   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Plant Issue Fee  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petition to Commissioner   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petition to Revive (Unavoidable)   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petition to Revive (Unintentional)   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petitions Related to Provisional Applications  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Submission of Information Disclosure Statement   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Filing Submission After Final Rejection  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Recording Each Patent Assignment Per Property  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Filing Request for Reexamination   | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Other (specify) _____  | \$             |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to <b>Deposit Account No. 50-0206</b> in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109. |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| FEE CALCULATION   |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 1. <b>BASIC FILING FEE</b> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |       | <u>FEE PAID</u>   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Utility Filing Fee  |                |                         |       | \$ 770.00   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Design Filing Fee   |                |                         |       | \$  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Plant Filing Fee  |                |                         |       | \$  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Reissue Filing Fee  |                |                         |       | \$  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Provisional Filing Fee  |                |                         |       | \$  |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 2. <b>EXTRA CLAIMS FEES</b>   |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| CLAIMS AS AMENDED   |                |                         |       |   |              |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| For   | Number Present | Highest Number Paid For | Extra | Rate  |              | Amount                   |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |       | Large Entity  | Small Entity |                          |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| TOTAL CLAIMS  | 58             | 20                      | 38    | x \$ 18.00  | x \$ 9.00    | \$ 684.00                |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| INDEPENDENT CLAIMS  | 4              | 3                       | 1     | x \$ 86.00  | x \$ 43.00   | \$ 86.00                 |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| MULTIPLE DEPENDENT CLAIMS   |                |                         |       | \$ 290.00   | \$ 145.00    | \$ 0.00                  |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <b>TOTAL EXTRA CLAIMS FEES</b>  |                |                         |       |   |              | <b>\$ 770.00</b>         |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| SUBMITTED BY  |                |                         |       |   |              | Complete (if applicable) |                  |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Typed or Printed Name   |                |                         |       | Patrick A. Doody  |              | Registration No.         | 35,022           |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Signature   |                |                         |       |    |              | Date                     | October 28, 2003 |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |